

H

**BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Third Amended
Accusation Against:**

RAYMOND GRIER, M.D.

**Physician's and Surgeon's
Certificate No. A 32041**

Respondent.

File No. 18-1998-82266

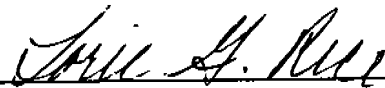
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Division of Medical Quality of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on September 12, 2002.

IT IS SO ORDERED August 13, 2002.

MEDICAL BOARD OF CALIFORNIA

By: 
**Lorie G. Rice, Chair
Panel A
Division of Medical Quality**

1 BILL LOCKYER, Attorney General
of the State of California
2 RICHARD D. HENDLIN, State Bar No. 76742
Deputy Attorney General
3 California Department of Justice
110 West "A" Street, Suite 1100
4 San Diego, CA 92101

5 P.O. Box 85266
San Diego, CA 92186-5266
6 Telephone: (619) 645-2071
Facsimile: (619) 645-2061

7 Attorneys for Complainant

8
9 **BEFORE THE**
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Third Amended Accusation
Against:

13 RAYMOND GRIER, M.D.
14 26381 Kalmia Street
Moreno Valley, CA 92555

15 Physician's and Surgeon's
16 Certificate No. A 32041

17 Physician Assistants Supervisor
18 Approval No. SA 24550

Respondent.

Case No. 18-1998-82266

OAH No. L-2001060608

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

19
20
21 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the
22 above-entitled proceedings that the following matters are true:

23 PARTIES

24 1. Ron Joseph (Complainant) is the Executive Director of the Medical Board
25 of California. He brought this action solely in his official capacity and is represented in this
26 matter by Bill Lockyer, Attorney General of the State of California, by Richard D. Hendlin,
27 Deputy Attorney General.

28 ///

2. Respondent Raymond Grier, M.D. (Respondent) is represented in this proceeding by attorney Henry R. Fenton, whose address is Law Offices of Henry R. Fenton, 11835 W. Olympic Blvd., Suite 705, Los Angeles, CA 90064.

3. On or about March 20, 1978, the Medical Board of California issued Physician's and Surgeon's No. A 32041 to Raymond Grier, M.D. (Respondent). The Surgeon's was in full force and effect at all times relevant to the charges brought in Accusation No. 18-1998-82266 and will expire on May 31, 2003, unless renewed.

4. On or about July 7, 1995, the Medical Board of California issued Physician Assistants Supervisor Approval No. SA 24550 to respondent. The Approval expired on June 30, 2001, and has not been renewed.

JURISDICTION

5. The Third Amended Accusation No. 18-1998-82266 was filed before the Division of Medical Quality (Division), Medical Board of California, Department of Consumer Affairs, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on March 4, 2002. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of the Third Amended Accusation No. 18-1998-82266 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in the Third Amended Accusation No.18-1998-82266. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Third Amended Accusation; the right to be represented by counsel at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of

///

1 documents; the right to reconsideration and court review of an adverse decision; and all other
2 rights accorded by the California Administrative Procedure Act and other applicable laws.

3 8. Respondent voluntarily, knowingly, and intelligently waives and gives up
4 each and every right set forth above.

5 9. This stipulation resolves all the charges pending against respondent in
6 Third Amended Accusation No. 18-1998-82266 and any other charges or matters now under
7 investigation by the Medical Board.

8 CULPABILITY

9 10. Respondent admits he failed the oral competency examination
10 administered by the Board's designees on December 20, 2001, pursuant to an order issued by the
11 Board under Business and Professions Code section 2292. Respondent agrees that, in the event
12 he petitions for early termination or modification of probation, all of the allegations and charges
13 in Third Amended Accusation No. 10-1998-82266 shall be deemed admitted for purposes of
14 deciding the petition.

15 11. Respondent agrees that his Physician's and Surgeon's is subject to
16 discipline and he agrees to be bound by the Division's imposition of discipline as set forth in the
17 Disciplinary Order below.

18 RESERVATION

19 12. The admissions made by Respondent herein are only for the purposes of
20 this proceeding, or any other proceedings in which the Division of Medical Quality, Medical
21 Board of California or other professional licensing agency is involved, and shall not be
22 admissible in any other criminal or civil proceeding.

23 CONTINGENCY

24 13. This stipulation shall be subject to approval by the Division of Medical
25 Quality. Respondent understands and agrees that counsel for Complainant and the staff of the
26 Medical Board of California may communicate directly with the Division regarding this
27 stipulation and settlement, without notice to or participation by Respondent or his counsel. By
28 signing the stipulation, Respondent understands and agrees that he may not withdraw his

1 agreement or seek to rescind the stipulation prior to the time the Division considers and acts
2 upon it. If the Division fails to adopt this stipulation as its Decision and Order, the Stipulated
3 Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall
4 be inadmissible in any legal action between the parties, and the Division shall not be disqualified
5 from further action by having considered this matter.

6 14. The parties understand and agree that facsimile or other copies of this
7 Stipulated Settlement and Disciplinary Order, including the signatures thereto, shall have the
8 same force and effect as the originals.

9 15. This Stipulated Settlement and Disciplinary Order is intended by the
10 parties herein to be an integrated writing representing the complete, final and exclusive
11 embodiment of the agreements of the parties.

12 16. In consideration of the foregoing admissions and stipulations, the parties
13 agree that the Division may, without further notice or formal proceeding, issue and enter the
14 following Disciplinary Order:

15 **DISCIPLINARY ORDER**

16 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate
17 No. A 32041 and Physician Assistants Supervisor Approval No. SA 24550, issued to Respondent
18 Raymond Grier, M.D., are revoked. However, the revocation of the Physician's and Surgeon's
19 Certificate is stayed and respondent is placed on probation for seven (7) years on the following
20 terms and conditions.

21 Within 15 days after the effective date of this decision the respondent shall
22 provide the Division, or its designee, proof of service that respondent has served a true copy of
23 this decision on the Chief of Staff or the Chief Executive Officer at every hospital where
24 privileges or membership are extended to respondent or at any other facility where respondent
25 engages in the practice of medicine and on the Chief Executive Officer at every insurance carrier
26 where malpractice insurance coverage is extended to respondent.

27 1. **ACTUAL SUSPENSION** As part of probation, respondent is suspended
28 from the practice of medicine for 60 days beginning on the effective date of this decision.

2. EDUCATION COURSE Within ninety (90) days of the effective date of this decision, and on an annual basis thereafter, respondent shall submit to the Division or its designee for its prior approval an educational program or course to be designated by the Division or its designee which shall be aimed at correcting any areas of deficient practice or knowledge which shall not be less than 40 hours per year, for each year of probation. This program shall be in addition to the Continuing Medical Education (CME) requirements for re-licensure. Following the completion of each course, the Division or its designee may administer an examination to test respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of continuing medical education of which 40 hours were in satisfaction of this condition and were approved in advance by the Division or its designee.

3. ETHICS COURSE Within sixty (60) days of the effective date of this decision, respondent shall enroll in a course in Ethics approved in advance by the Division or its designee, and shall successfully complete the course during the first year of probation.

4. PHYSICIAN ASSESSMENT AND CLINICAL EDUCATION PROGRAM Within sixty (60) days of the effective date of this decision, respondent, at his expense, shall enroll in the Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine (hereinafter the "PACE Program"). The PACE Program consists of the Comprehensive Assessment Program which is comprised of two mandatory components: Phase 1 and Phase 2. Phase 1 is a two-day program which assesses physical and mental health; neuropsychological performance; basic clinical and communication skills common to all clinicians; and medical knowledge, skill and judgment pertaining to respondent's specialty of anesthesiology. After the results of Phase 1 are reviewed, respondent shall complete Phase 2. Phase 2 comprises five (5) days (40 hours) of Clinical Education in respondent's field of specialty. The specific curriculum of Phase 2 is designed by PACE Faculty and the Department or Division of respondent's specialty, and utilizes data obtained from Phase 1. It shall focus on the practice of anesthesiology. After respondent has completed Phase 1 and Phase 2, the PACE Evaluation Committee will review all results and make a recommendation to the Division or its designee as to whether further education, clinical training

1 (including scope and length), treatment of any medical and/or psychological condition and any
2 other matters affecting respondent's practice of medicine will be required or recommended. The
3 Division or its designee may at any time request information from PACE regarding the
4 respondent's participation in PACE and/or information derived therefrom. The Division may
5 order respondent to undergo additional education, medical and/or psychological treatment based
6 upon the recommendations received from PACE.

7 Upon approval of the recommendation by the Division or its designee, respondent
8 shall undertake and complete the recommended and approved PACE Program. At the completion
9 of the PACE Program, respondent shall submit to an examination on its contents and substance.
10 The examination shall be designed and administered by the PACE Program faculty. Respondent
11 shall not be deemed to have successfully completed the program unless he/she passes the
12 examination. Respondent agrees that the determination of the PACE Program faculty as to
13 whether or not he passed the examination and/or successfully completed the PACE Program
14 shall be binding.

15 Respondent shall complete the PACE Program no later than six months after his
16 initial enrollment unless the Division or its designee agrees in writing to a later time for
17 completion.

18 If respondent successfully completes the PACE Program, including the
19 examination referenced above, he agrees to cause the PACE Program representative to forward a
20 Certification of Successful Completion of the program to the Division or its designee. If
21 respondent fails to successfully complete the PACE Program within the time limits outlined
22 above, he shall be suspended from the practice of medicine.

23 Failure to participate in, and successfully complete all phases of the PACE
24 Program, as outlined above, shall constitute a violation of probation.

25 Respondent shall not practice medicine until respondent has passed the required
26 PACE Program, including the passing of any examination given at the end of the program, and
27 has been so notified by the Division or its designee in writing.

28 ///

1 5. ORAL CLINICAL OR WRITTEN EXAM Respondent shall take and
2 pass a probation oral clinical exam or written examination in the field of medicine respondent
3 intends to practice during his probation. The exam shall be administered by the Division or its
4 designee. This examination shall be conducted in accord with Board policy for probation
5 examination in effect at the time of the examination and shall not be governed by the provisions
6 of Business and Professions Code section 2292 or 2293. This examination shall be taken within
7 one hundred eighty (180) days of the effective date of this decision. If respondent fails the first
8 examination, respondent shall be allowed to take and pass a second examination, which will
9 consist of a written as well as an oral examination. The waiting period between the first and
10 second examinations shall be at least three (3) months. If respondent fails to pass the first and
11 second examinations, respondent may take a third and final examination after waiting a period of
12 one (1) year. Failure to pass the oral clinical examination within eighteen (18) months after the
13 effective date of this decision shall constitute a violation of probation. The respondent shall pay
14 the costs of all examinations. For purposes of this condition, if respondent is required to take and
15 pass a written exam, it shall be either the Special Purpose Examination (SPEX) or equivalent
16 examination as determined by the Division or its designee.

17 Respondent shall not practice medicine until respondent has passed the required
18 examination and has been so notified by the Division or its designee in writing. This prohibition
19 shall not bar respondent from practicing in a clinical training program approved by the Division
20 or its designee. Respondent's practice of medicine shall be restricted only to that which is
21 required by the approved training program.

22 Throughout the entire period of probation, respondent's practice shall be limited
23 the to field of medicine which was the subject of the passed competency examination.

24 6. SUPERVISION OF PHYSICIAN ASSISTANTS During probation,
25 respondent is prohibited from supervising physician assistants.

26 7. COOPERATION Respondent shall cooperate with Medical Board
27 investigators in connection with the investigation of violations of the Medical Practice Act and
28 other violations of law that are allegedly related, directly or indirectly, to the practice of

1 medicine. Respondent shall voluntarily appear as a witness and testify truthfully, at any
2 administrative, civil or criminal hearings relating to those investigations, whether called by the
3 Board or by any other party.

4 8. OBEY ALL LAWS Respondent shall obey all federal, state and local
5 laws, all rules governing the practice of medicine in California, and remain in full compliance
6 with any court ordered criminal probation, payments and other orders.

7 9. QUARTERLY REPORTS Respondent shall submit quarterly
8 declarations under penalty of perjury on forms provided by the Division, stating whether there
9 has been compliance with all the conditions of probation.

10 10. PROBATION SURVEILLANCE PROGRAM COMPLIANCE
11 Respondent shall comply with the Division's probation surveillance program. Respondent shall,
12 at all times, keep the Division informed of his business and residence addresses which shall both
13 serve as addresses of record. Changes of such addresses shall be immediately communicated in
14 writing to the Division. Under no circumstances shall a post office box serve as an address of
15 record, except as allowed by Business and Professions Code section 2021(b).

16 Respondent shall, at all times, maintain a current and renewed physician's and
17 surgeon's license.

18 Respondent shall also immediately inform the Division, in writing, of any travel
19 to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more
20 than thirty (30) days.

21 11. INTERVIEW WITH THE DIVISION, ITS DESIGNEE OR ITS
22 DESIGNATED PHYSICIAN(S) Respondent shall appear in person for interviews with the
23 Division, its designee or its designated physician(s) upon request at various intervals and with
24 reasonable notice.

25 12. TOLLING FOR OUT-OF-STATE PRACTICE, RESIDENCE OR IN-
26 STATE NON-PRACTICE In the event respondent should leave California to reside or to
27 practice outside the State or for any reason should respondent stop practicing medicine in
28 California, respondent shall notify the Division or its designee in writing within ten (10) days of

1 the dates of departure and return or the dates of non-practice within California. Non-practice is
2 defined as any period of time exceeding thirty (30) days in which respondent is not engaging in
3 any activities defined in Sections 2051 and 2052 of the Business and Professions Code. All time
4 spent in an intensive training program approved by the Division or its designee shall be
5 considered as time spent in the practice of medicine. A Board-ordered suspension of practice
6 shall not be considered as a period of non-practice. Periods of temporary or permanent residence
7 or practice outside California or of non-practice within California, as defined in this condition,
8 will not apply to the reduction of the probationary order.

9 13. COMPLETION OF PROBATION Upon successful completion of
10 probation, respondent's certificate shall be fully restored.

11 14. VIOLATION OF PROBATION If respondent violates probation in any
12 respect, the Division, after giving respondent notice and the opportunity to be heard, may revoke
13 probation and carry out the disciplinary order that was stayed. If an accusation or petition to
14 revoke probation is filed against respondent during probation, the Division shall have continuing
15 jurisdiction until the matter is final, and the period of probation shall be extended until the matter
16 is final.

17 15. COST RECOVERY The respondent is hereby ordered to reimburse the
18 Division the amount of Twenty Thousand Dollars (\$20,000) due in five equal annual
19 installments of Four Thousand Dollars (\$4,000) beginning on the thirtieth day after respondent
20 successfully completes the conditions precedent of paragraphs 4 and 5, *supra*. However,
21 regardless of when respondent successfully completes the conditions precedent, the full amount
22 due must be paid no event later than sixty (60) days prior to the completion of probation. Failure
23 to reimburse the Division's cost of investigation and prosecution shall constitute a violation of
24 the probation order, unless the Division agrees in writing to payment by an installment plan
25 because of financial hardship. The filing of bankruptcy by the respondent shall not relieve the
26 respondent of his responsibility to reimburse the Division for its investigative and prosecution
27 costs.

28 ///

1 16. PROBATION COSTS Respondent shall pay the costs associated with
2 probation monitoring each and every year of probation, as designated by the Division, which are
3 currently set at \$2,488, but may be adjusted on an annual basis. Such costs shall be payable to
4 the Division of Medical Quality and delivered to the designated probation surveillance monitor
5 no later than January 31 of each calendar year. Failure to pay costs within 30 days of the due
6 date shall constitute a violation of probation.

7 17. LICENSE SURRENDER Following the effective date of this decision, if
8 respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy
9 the terms and conditions of probation, respondent may voluntarily tender his certificate to the
10 Board. The Division reserves the right to evaluate the respondent's request and to exercise its
11 discretion whether to grant the request, or to take any other action deemed appropriate and
12 reasonable under the circumstances. Upon formal acceptance of the tendered license, respondent
13 will not longer be subject to the terms and conditions of probation.

14 ACCEPTANCE

15 I have carefully read the above Stipulated Settlement and Disciplinary Order and
16 have fully discussed it with my attorney, Henry R. Fenton. I understand the stipulation and the
17 effect it will have on my Physician's and Surgeon's Certificate and my Physician Assistants
18 Supervisor Approval. I enter into this Stipulated Settlement and Disciplinary Order voluntarily,

19 ///

20 ///

21 ///

22 ///

23 ///

24 ///

25 ///


26 ///

27 ///

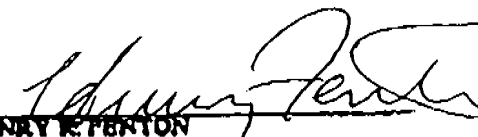
28 ///

1 knowingly, and intelligently, and agree to be bound by the Decision and Order of the Division of
2 Medical Quality, Medical Board of California.

3 DATED: 5/10/02

4
5
6 
7 **RAYMOND GRUEN, M.D.**
Respondent

8
9 DATED: 5-10-02


10
11
12 
13 **HENRY E. PENTON**
14 Attorney for Respondent

15 **ENDORSEMENT**

16 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
17 submitted for consideration by the Division of Medical Quality, Medical Board of California of
18 the Department of Consumer Affairs.

19 DATED: 5/11/02

20 **BILL LOCKYER, Attorney General**
of the State of California

21
22 
23 **RICHARD J. HENDLIN**
24 Deputy Attorney General

25 Attorneys for Complainant

[Faint, illegible handwritten text]

Exhibit A
Accusation No. 18-1998-82266

BILL LOCKYER, Attorney General
of the State of California
RICHARD D. HENDLIN,
Deputy Attorney General
State Bar No. 76742
Department of Justice
110 West A Street, Suite 1100
Post Office Box 85266
San Diego, California 92186-5266
Telephone: (619) 645-2071

Attorneys for Complainant

**BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Third Amended Accusation
Against:

RAYMOND GRIER, M.D.
26381 Kalmia Street
Moreno Valley, CA 92555

Physician's and Surgeon's
Certificate No. A 32041

Physician's Assistant Supervisor
Approval No. SA 24550

Respondent.

Medical Board Case No. 18-98-82266

OAH No. L-2001060608

THIRD AMENDED ACCUSATION

Complainant Ron Joseph, as cause for disciplinary action, alleges as follows:

PARTIES

1. Complainant is the Executive Director of the Medical Board of California ("Board") and makes and files this Third Amended Accusation solely in his official capacity.

2. On or about March 20, 1978, Physician's and Surgeon's Certificate No. A 32041 was issued by the Board to Raymond Grier, M.D. ("respondent"), and at all times relevant herein, said Physician's and Surgeon's Certificate was, and currently is, in full force and effect. Unless renewed, the license will expire on May 31, 2003.

1 3. On or about July 7, 1995, Physician's Assistant Supervisor Approval
2 No. SA 24550 was issued by the Board to respondent, and at all times relevant herein, said
3 Physician's Assistant Supervisor License was, and currently is, in full force and effect. Unless
4 renewed, the license will expire on May 31, 2003.

5 4. On or about November 22, 1985, an Accusation was filed by the Board
6 against respondent. On or about September 7, 1987, a Decision became effective which revoked
7 respondent's certificate, stayed revocation and placed respondent on three-years probation with
8 terms and conditions. On or about June 22, 1993, respondent completed probation.

9 **JURISDICTION**

10 5. This Third Amended Accusation is made in reference to the following
11 statutes of the California Business and Professions Code ("Code") and the Welfare and
12 Institutions Code:

13 A. Section 2227 of the Code provides that a licensee who is found
14 guilty under the Medical Practice Act may have his license revoked, suspended for a
15 period not to exceed one year, placed on probation and required to pay the costs of
16 probation monitoring, or such other action taken in relation to discipline as the Division
17 deems proper.

18 B. Section 2234 of the Code provides that unprofessional conduct
19 includes, but is not limited to, the following:

20 "....

21 "(b) Gross negligence.

22 "(c) Repeated negligent acts.

23 "(d) Incompetence.

24 "(e) The commission of any act involving dishonesty or corruption
25 which is substantially related to the qualifications, functions, or duties of a
26 physician and surgeon.

27 "...."

28 ///

1 C. Section 2261 of the Code provides that knowingly making or
2 signing any certificate or other document directly or indirectly related to the practice of
3 medicine or podiatry which falsely represents the existence or nonexistence of a state of
4 facts, constitutes unprofessional conduct.

5 D. Section 2262 of the Code provides that altering or modifying the
6 medical record of any person, with fraudulent intent, or creating any false medical record,
7 with fraudulent intent, constitutes unprofessional conduct. In addition to any other
8 disciplinary action, the Division of Medical Quality or the California Board of Podiatric
9 Medicine may impose a civil penalty of five hundred dollars (\$500) for a violation of this
10 section.

11 E. Section 2266 of the Code states: "The failure of a physician and
12 surgeon to maintain adequate and accurate records relating to the provision of services to
13 their patients constitutes unprofessional conduct."

14 F. Section 125.3 of the Code provides, in part, that the Board may
15 request the administrative law judge to direct any licensee found to have committed a
16 violation or violations of the licensing act, to pay to the Board a sum not to exceed the
17 reasonable costs of the investigation and enforcement of the case.

18 G. Section 14124.12 of the Welfare and Institutions Code states, in
19 pertinent part:

20 "(a) Upon receipt of written notice from the Medical Board of
21 California, the Osteopathic Medical Board of California, or the Board of Dental
22 Examiners of California, that a licensee's license has been placed on probation as
23 a result of a disciplinary action, the department may not reimburse any Medi-Cal
24 claim for the type of surgical service or invasive procedure that gave rise to the
25 probation, including any dental surgery or invasive procedure, that was performed
26 by the licensee on or after the effective date of probation and until the termination
27 of all probationary terms and conditions or until the probationary period has
28 ended, whichever occurs first. This section shall apply except in any case in

1 which the relevant licensing board determines that compelling circumstances
2 warrant the continued reimbursement during the probationary period of any Medi-
3 Cal claim, including any claim for dental services, as so described. In such a case,
4 the department shall continue to reimburse the licensee for all procedures, except
5 for those invasive or surgical procedures for which the licensee was placed on
6 probation."

7 **FIRST CAUSE FOR DISCIPLINE**

8 (Gross Negligence - Patient Tim B.)

9 6. Respondent Raymond Grier, M.D., is subject to disciplinary action on
10 account of the following:

11 A. In or about late October or early November, 1996, a woman named
12 Sue N. called patient Tim B. at Tim B.'s home in Colorado. Tim B., a 40-year old
13 woman, was born in Laos and speaks, reads and writes only Laotian. She had six (6)
14 years of schooling, all in Laos.

15 B. At that time, Sue N. also lived in Denver. Sue N. is also of Laotian
16 extraction, but the two (2) women were not acquainted before Sue N. called Tim B.

17 C. Sue N. offered Tim B. plastic surgery. Tim B. asked about the cost
18 of cosmetic surgery on her eyes. Sue N. said the surgery would be paid for by Tim B.'s
19 insurance, and would not cost Tim B. anything. Sue N. also asked Tim B. if she would be
20 interested in cosmetic breast surgery, but Tim B. declined because she was afraid of that
21 procedure. Sue N. told Tim B. that the surgery would be in California. Tim B. said she
22 could not afford the plane fare, but Sue N. said that the air fare would also be paid.

23 D. Sue N. called back the next day. After further discussion of the eye
24 surgery, to "round" the eyes and make them look more "western," Sue N. tried to interest
25 Tim B. in breast augmentation surgery. That procedure would cost \$1,200, which had to
26 be paid in cash. Sue N. also told Tim B. to purchase the air tickets to California, and that
27 she would be reimbursed for that expense.

28 ///

1 E. After being driven to the airport by someone sent by Sue N., Tim
2 B. flew from Denver to Ontario, California on November 9, 1996. At Ontario Airport,
3 Tim B. was approached by a woman who identified herself as Sue N. Tim B. had only
4 spoken to Sue N. on the telephone until that time.

5 F. Sue N. drove Tim B. directly to the Moreno Valley Surgery Center
6 in Moreno Valley. Tim B. was checked into a Comfort Inn which was located next to the
7 Surgery Center. She stayed at the Comfort Inn both before and after her surgery. Her
8 room had three (3) bedrooms which were all occupied by other women of Southeast
9 Asian extraction who were either pre- or post-operative. They slept two (2) to a bed, and
10 Tim B. shared her bed with Sue N.

11 G. Tim B. gave Sue N. \$1,200 for breast augmentation surgery, and
12 Sue N. gave Tim B. a receipt for "breast implants."

13 H. Tim B. had a surgery on November 11, 1996. Before surgery, she
14 signed five (5) or six (6) pages of papers, all in English. No one translated or explained
15 the papers to her in any way, other than to say that they were "standard forms that have to
16 be signed when you're put to sleep." Tim B. was weighed and her blood pressure was
17 taken. No history was taken from Tim B.

18 I. On November 11, 1996, Dr. Teofilo Po, performed a septoplasty
19 and inferior turbinectomy on Tim B., according to his typed operative report. However,
20 Tim B. had no bandages on her nose, saw no evidence of any surgery there, and her nose
21 looked the same before and after her visit to Moreno Valley Outpatient Surgery Center in
22 November, 1996.

23 J. According to a separate handwritten operative report, Dr. Po
24 performed an upper and lower blepharoplasty and augmentation of the nasal labial fold.
25 No tissue from this surgery was submitted for analysis by pathology, and there is no
26 anesthesia report for this surgery.

27 ///

28 ///

1 K. Tim B. remembered that after getting a "shot" and passing out, she
2 woke up some time later and the area around her eyes was bloody and bruised. She was
3 not bandaged.

4 L. After the eye surgery, Tim B. was taken back to the Comfort Inn by
5 Sue N. She saw only the other women in the room that night, and no physician or anyone
6 else from the surgery center visited Tim B.

7 M. The next morning, Sue N. came for Tim B. and took her back to
8 the surgery center for her breast surgery. Tim B.'s eyes were swollen nearly shut by this
9 time. A Filipino man took pictures of Tim B.'s breasts. A Filipino woman then took Tim
10 B.'s pulse, X-rayed her, and pulled on her breasts with an instrument.

11 N. Tim B. spoke with Sue N. at this point, and told Sue N. that she
12 was scared and did not want to go through with the breast augmentation surgery.
13 Although she told this to both Sue N. and the Filipino man, they told her that the implants
14 had already been ordered and that she had to go through with the surgery.

15 O. Tim B. recalls that she had surgery that afternoon after about two
16 (2) hours of argument about the surgery with Sue N. and the Filipino man. She did not
17 speak with anyone she thought was a physician. She was not shown any pictures or
18 models, and no one discussed any potential risks of the surgery with her.

19 P. Tim B.'s medical records show that she had bilateral breast
20 biopsies on November 13, 1996, and breast augmentation surgery on November 15, 1996,
21 which were both performed by Dr. R. Respondent administered general endotracheal
22 anesthesia during these procedures. According to the records, respondent performed
23 preoperative evaluations for both surgeries as well.

24 Q. After this breast augmentation surgery, Tim B. did not see a
25 physician. She stayed in the motel room for three (3) days recovering from the operation.
26 She was taken to Ontario Airport on November 16, 1996, and returned to her home in
27 Colorado.

28 ///

1 R. At first, Tim B. was satisfied with the results of the augmentation
2 surgery, although the implants were too large for her body size and her nipples pointed
3 slightly downward.

4 S. Tim B. was unable to return to work for two (2) months. This was
5 because she experienced pain, occurring every few hours, which felt like "ants biting"
6 inside her breasts. Two (2) months after the surgery, the underside of her right breast
7 began to harden, and her left breast felt like a water balloon. Tim B. called Sue N.

8 T. Sue N. said that Tim B. could return to California, but would have
9 to pay her own expenses.

10 U. Tim B. was also contacted by another employee of the surgery
11 center regarding some papers from her insurance company. Tim B. was told that the
12 doctors were unhappy because they had not been paid by the insurance company. Sue N.
13 visited Tim B., had Tim B. sign the last page of the four-page blank document, and left
14 with the papers.

15 V. On May 29, 1997, Tim B. flew to Los Angeles and was picked up
16 by Sue N. at the Los Angeles Airport. Tim B. was taken to the same motel, along with
17 three (3) or four (4) other patients, by Sue N.

18 W. On May 30, 1997, Dr. R. removed and replaced Tim B.'s breast
19 implants. According to the records, respondent performed a pre-surgical evaluation of
20 Tim B. for anesthesia, and administered general endotracheal anesthesia during the
21 surgical procedure.

22 X. On May 31, 1997, Tim B. was taken back to the surgery center,
23 where a nurse examined her breasts. They were swollen and covered with bruises. The
24 nurse ordered more medication for Tim B., and told her that her breasts were infected.
25 Tim B. saw that the stitches did not seem to be closed, threads were hanging from her
26 nipples, and her nipples were pointing straight down. No physician or other
27 person from the surgery center visited Tim B. that day or that night.

28 ///

1 Y. On June 1, 1997, Sue N. took Tim B. to the airport for her flight
2 home.

3 Z. Since her surgery on May 30, 1997, Tim B. has been in constant
4 pain. After numerous consultations, her implants were removed in November, 1997.

5 7. Respondent Raymond Grier, M.D., is subject to disciplinary action for
6 unprofessional conduct in that he was grossly negligent in his care and treatment of Tim B., in
7 violation of Code section 2234(b), in that:

8 A. Paragraph 6 above is hereby realleged and incorporated by this
9 reference as if fully set forth at this point.

10 B. Respondent failed to perform an adequate presurgical evaluation
11 and obtain informed consent for the bilateral breast biopsy surgery, a major surgery, in
12 which he participated as anesthesiologist on Tim B. on or about November 13, 1996.

13 C. Respondent failed to perform an adequate presurgical evaluation
14 and obtain informed consent for the bilateral breast augmentation surgery, a major
15 surgery, in which he participated as anesthesiologist on Tim B. on or about November 15,
16 1996.

17 D. Respondent failed to take appropriate steps to assure proper
18 postsurgical care to Tim B. after her surgery on November 13, 1996. Respondent
19 improperly allowed and/or arranged for Tim B. to recover from her surgery in a motel
20 room, without medical supervision or even the availability of appropriate care.

21 E. Respondent failed to take appropriate steps to assure proper
22 postsurgical care to Tim B. after her surgery on November 15, 1996. Respondent
23 improperly allowed and/or arranged for Tim B. to recover from her surgery in a motel
24 room, without medical supervision or even the availability of appropriate care.

25 F. Respondent failed to perform an adequate presurgical evaluation
26 and obtain informed consent for the bilateral breast implant replacement surgery, a major
27 surgery, in which he participated as anesthesiologist on Tim B. on or about May 30, 1997.

28 ///

1 G. Respondent failed to take appropriate steps to assure proper
2 postsurgical care for Tim B. after her surgery on May 30, 1997.

3 H. Respondent performed a medical/surgical evaluation of Tim B.'s
4 condition after surgery although there is no indication respondent has the training,
5 education and/or experience to evaluate a patient's medical condition after surgery.

6 **SECOND CAUSE FOR DISCIPLINE**

7 (Repeated Negligent Acts - Patient Tim B.)

8 8. Respondent Raymond Grier, M.D., is subject to disciplinary action for
9 unprofessional conduct in that he committed repeated negligent acts in his care and treatment of
10 Tim B., in violation of Code section 2234(c), in that:

11 A. Paragraph 6 above is hereby realleged and incorporated by this
12 reference as if fully set forth at this point.

13 B. Respondent failed to perform an adequate presurgical evaluation
14 and obtain informed consent for the bilateral breast biopsy surgery, a major surgery, in
15 which he participated as anesthesiologist on Tim B. on or about November 13, 1996.

16 C. Respondent failed to perform an adequate presurgical evaluation
17 and obtain informed consent for the bilateral breast augmentation surgery, a major
18 surgery, in which he participated as anesthesiologist on Tim B. on or about November 15,
19 1996.

20 D. Respondent failed to take appropriate steps to assure proper
21 postsurgical care to Tim B. after her surgery on November 13, 1996. Respondent
22 improperly allowed and/or arranged for Tim B. to recover from her surgery in a motel
23 room, without medical supervision or even the availability of appropriate care.

24 E. Respondent failed to take appropriate steps to assure proper
25 postsurgical care to Tim B. after her surgery on November 15, 1996. Respondent
26 improperly allowed and/or arranged for Tim B. to recover from her surgery in a motel
27 room, without medical supervision or even the availability of appropriate care.

28 ///

1 F. Respondent failed to perform an adequate presurgical evaluation
2 and obtain informed consent for the bilateral breast implant replacement surgery, a major
3 surgery, in which he participated as anesthesiologist on Tim B. on or about May 30, 1997.

4 G. Respondent failed to take appropriate steps to assure proper
5 postsurgical care for Tim B. after her surgery on May 30, 1997.

6 H. Respondent performed a medical/surgical evaluation of Tim B.'s
7 condition after surgery although there is no indication respondent has the training,
8 education and/or experience to evaluate a patient's medical condition after surgery.

9 **THIRD CAUSE FOR DISCIPLINE**

10 (Dishonest and Corrupt Acts - Patient Tim B.)

11 9. Respondent Raymond Grier, M.D., is subject to disciplinary action for
12 unprofessional conduct in that he committed dishonest and corrupt acts in his care and treatment
13 of Tim B., in violation of Code section 2234(e), in that:

14 A. Paragraph 6 above is hereby realleged and incorporated by this
15 reference as if fully set forth at this point.

16 B. Respondent failed to perform an adequate presurgical evaluation
17 and obtain informed consent for the bilateral breast biopsy surgery, a major surgery, in
18 which he participated as anesthesiologist on Tim B. on or about November 13, 1996.
19 Respondent falsely prepared records and/or permitted records to be prepared which
20 reflected that he had performed a presurgical evaluation and obtained a fully informed
21 consent.

22 C. Respondent failed to perform an adequate presurgical evaluation
23 and obtain informed consent for the bilateral breast augmentation surgery, a major
24 surgery, in which he participated as anesthesiologist on Tim B. on or about November 15,
25 1996. Respondent falsely prepared records and/or permitted records to be prepared which
26 reflected that he had performed a presurgical evaluation and obtained a fully informed
27 consent.

28 ///

1 D. Respondent failed to perform an adequate presurgical evaluation
2 and obtain informed consent for the bilateral breast implant replacement surgery, a major
3 surgery, in which he participated as anesthesiologist on Tim B. on or about May 30, 1997.
4 Respondent falsely prepared records and/or permitted records to be prepared which
5 reflected that he had performed a presurgical evaluation and obtained a fully informed
6 consent.

7 **FOURTH CAUSE FOR DISCIPLINE**

8 (False Statements - Patient Tim B.)

9 10. Respondent Raymond Grier, M.D., is subject to disciplinary action for
10 unprofessional conduct in that he knowingly made or signed a certificate or other document
11 directly or indirectly related to the practice of medicine which falsely represented the existence or
12 nonexistence of a state of facts in his care and treatment of Tim B., in violation of Code section
13 2261, in that:

14 A. Paragraph 6 above is hereby realleged and incorporated by this
15 reference as if fully set forth at this point.

16 B. Respondent failed to perform an adequate presurgical evaluation
17 and obtain informed consent for the bilateral breast biopsy surgery, a major surgery, in
18 which he participated as anesthesiologist on Tim B. on or about November 13, 1996.
19 Respondent falsely prepared records and/or permitted records to be prepared which
20 reflected that he had performed a presurgical evaluation and obtained a fully informed
21 consent.

22 C. Respondent failed to perform an adequate presurgical evaluation
23 and obtain informed consent for the bilateral breast augmentation surgery, a major
24 surgery, in which he participated as anesthesiologist on Tim B. on or about November 15,
25 1996. Respondent falsely prepared records and/or permitted records to be prepared which
26 reflected that he had performed a presurgical evaluation and obtained a fully informed
27 consent.

28 ///

1 D. Respondent failed to perform an adequate presurgical evaluation
2 and obtain informed consent for the bilateral breast implant replacement surgery, a major
3 surgery, in which he participated as anesthesiologist on Tim B. on or about May 30, 1997.
4 Respondent falsely prepared records and/or permitted records to be prepared
5 which reflected that he had performed a presurgical evaluation and obtained a fully
6 informed consent.

7 **FIFTH CAUSE FOR DISCIPLINE**

8 (Alteration of Medical Records - Patient Tim B.)

9 11. Respondent Raymond Grier, M.D., is subject to disciplinary action for
10 unprofessional conduct in that he altered or modified the medical record, or created a false
11 medical record, with fraudulent intent, in his care and treatment of Tim B., in violation of Code
12 section 2262, in that:

13 A. Paragraph 6 above is hereby realleged and incorporated by this
14 reference as if fully set forth at this point.

15 B. Respondent failed to perform an adequate presurgical evaluation
16 and obtain informed consent for the bilateral breast biopsy surgery, a major surgery, in
17 which he participated as anesthesiologist on Tim B. on or about November 13, 1996.
18 Respondent falsely prepared records and/or permitted records to be prepared which
19 reflected that he had performed a presurgical evaluation and obtained a fully informed
20 consent.

21 C. Respondent failed to perform an adequate presurgical evaluation
22 and obtain informed consent for the bilateral breast augmentation surgery, a major
23 surgery, in which he participated as anesthesiologist on Tim B. on or about November 15,
24 1996. Respondent falsely prepared records and/or permitted records to be prepared which
25 reflected that he had performed a presurgical evaluation and obtained a fully informed
26 consent.

27 D. Respondent failed to perform an adequate presurgical evaluation
28 and obtain informed consent for the bilateral breast implant replacement surgery, a major

1 surgery, in which he participated as anesthesiologist on Tim B. on or about May 30, 1997.
2 Respondent falsely prepared records and/or permitted records to be prepared which
3 reflected that he had performed a presurgical evaluation and obtained a fully informed
4 consent.

5 **SIXTH CAUSE FOR DISCIPLINE**

6 (Gross Negligence - Patient Tammy G.)

7 12. Respondent Raymond Grier, M.D., is subject to disciplinary action on
8 account of the following:

9 A. On or about July 12, 1994, patient Tammy G. presented to
10 Lakeside Hospital in Perris, California, for a cholecystectomy to be performed by Dr. S.
11 Respondent was the assigned anesthesiologist for the surgery.

12 B. Without first conducting or documenting a proper pre-anesthesia
13 examination, respondent began anesthesia using a large dose of non-depolarizing muscle
14 relaxant.

15 C. Thereafter, respondent attempted to intubate Tammy G; however,
16 respondent was unable to do so successfully and Tammy G. went without oxygen for
17 several minutes.

18 13. Respondent Raymond Grier, M.D., is subject to disciplinary action for
19 unprofessional conduct in that he was grossly negligent in his care and treatment of Tammy G.,
20 in violation of Code section 2234(b), in that:

21 A. Paragraph 12 above is hereby realleged and incorporated by this
22 reference as if fully set forth at this point.

23 B. Respondent failed to perform or document an adequate pre-
24 anesthesia evaluation.

25 C. Prior to beginning anesthesia, respondent failed to prepare for
26 management of a possibly difficult airway.

27 D. When respondent experienced difficulty intubating Tammy G., he
28 failed to administer oxygen in a timely fashion.

1 E. When respondent experienced difficulty intubating Tammy G., he
2 failed to call for a tracheotomy in a timely fashion.

3 F. Respondent allowed the patient to go without oxygen for an
4 excessive period.

5 **SEVENTH CAUSE FOR DISCIPLINE**

6 (Repeated Negligent Acts - Patient Tammy G.)

7 14. Respondent Raymond Grier, M.D., is subject to disciplinary action for
8 unprofessional conduct in that he committed repeated negligent acts in his care and treatment of
9 Tammy G., in violation of Code section 2234(c), in that:

10 A. Paragraph 12 above is hereby realleged and incorporated by this
11 reference as if fully set forth at this point.

12 B. Respondent failed to perform or document an adequate pre-
13 anesthesia evaluation.

14 C. Prior to beginning anesthesia, respondent failed to prepare for
15 management of a possibly difficult airway.

16 D. When respondent experienced difficulty intubating Tammy G., he
17 failed to administer oxygen in a timely fashion.

18 E. When respondent experienced difficulty intubating Tammy G., he
19 failed to call for a tracheotomy in a timely fashion.

20 F. Respondent allowed the patient to go without oxygen for an
21 excessive period.

22 **EIGHTH CAUSE FOR DISCIPLINE**

23 (Incompetence - Patient Tammy G.)

24 15. Respondent Raymond Grier, M.D., is subject to disciplinary action for
25 unprofessional conduct in that he was incompetent in his care and treatment of Tammy G., in
26 violation of Code section 2234(d), in that:

27 A. Paragraph 12 above is hereby realleged and incorporated by this
28 reference as if fully set forth at this point.

1 B. Respondent failed to perform or document an adequate pre-
2 anesthesia evaluation.

3 C. Prior to beginning anesthesia, respondent failed to prepare for
4 management of a possibly difficult airway.

5 D. When respondent experienced difficulty intubating Tammy G., he
6 failed to administer oxygen in a timely fashion.

7 E. When respondent experienced difficulty intubating Tammy G., he
8 failed to call for a tracheotomy in a timely fashion.

9 F. Respondent allowed the patient to go without oxygen for an
10 excessive period.

11 **NINTH CAUSE FOR DISCIPLINE**

12 (Failure to Maintain Adequate and Accurate Records - Patient Tammy G.)

13 16. Respondent Raymond Grier, M.D., is subject to disciplinary action for
14 unprofessional conduct in that he failed to maintain adequate and accurate records in his care and
15 treatment of Tammy G., in violation of Code section 2266, as set forth in Paragraph 12 and 13
16 above are realleged and incorporated by this reference as if fully set forth at this point.

17 **TENTH CAUSE FOR DISCIPLINE**

18 (Gross Negligence - Patient M.T.)

19 17. Respondent is subject to disciplinary action as a result of the following:

20 A. On or about February 15, 1997, March 4, 1997 and September 16,
21 1997, patient M.T. presented to the Moreno Valley Surgery Center for cosmetic surgery
22 to be performed by Dr. R.F. Respondent was the anesthesiologist for the surgeries.

23 B. Respondent did not meet with patient M.T. before the surgeries
24 and thus did not explain the risks of anesthesia to patient M.T. before the surgeries.

25 C. Respondent's preoperative assessments do not include the types of
26 surgeries to be performed.

27 D. The anesthesia report for February 15, 1997, fails to indicate the
28 administration of oxygen and the estimated blood loss.

1 E. The anesthesia report for March 4, 1997, fails to indicate the
2 amount of inhalation anesthetic, the estimated blood loss, and the amount of intravenous
3 fluids administered.

4 F. The anesthesia report for September 16, 1997, fails to indicate the
5 amount of inhalation anesthetic, the discontinuation of nitrous oxide, and the estimated
6 blood loss.

7 18. Respondent is subject to disciplinary action for gross negligence in his
8 care and treatment of patient M.T., in violation of Code section 2234(b), in that:

9 A. Paragraph 17 and all of its subparagraphs are realleged and
10 incorporated herein by reference.

11 B. Respondent failed to meet with patient M.T. prior to the surgeries.

12 C. Respondent failed to explain the risks of anesthesia to patient M.T.

13 D. Respondent failed to perform and document an adequate pre-
14 anesthesia evaluation.

15 E. Respondent failed to identify the surgical procedures to be done on
16 his pre-anesthesia records.

17 F. Respondent's anesthesia record for February 15, 1997, fails to
18 indicate the administration of oxygen and the estimated blood loss.

19 G. Respondent's anesthesia record for February 15, 1997, records the
20 surgical procedure performed as a nasoseptoplasty, when an augmentation rhinoplasty
21 was the procedure performed.

22 H. Respondent's anesthesia record for March 4, 1997, fails to indicate
23 the amount of inhalation anesthetic, the estimated blood loss, and the amount of
24 intravenous fluids administered.

25 I. Respondent's anesthesia record for September 16, 1997, fails to
26 indicate the amount of inhalation anesthetic, the discontinuation of nitrous oxide, and the
27 estimated blood loss.

28 ///

[illegible]

2
3
4
5
6
7
8
9
0
1
2
3
4
5
6
7
8
9
0
1
2
3
4
5

3
4

5
6

7

8

9.0

1
2

3
4

5
6
7

18
19
20

21
22
23

24

25

26
27
28

1 A. Paragraph 17 and all of its subparagraphs are realleged and
2 incorporated herein by reference.

3 B. Respondent's anesthesia record for February 15, 1997, fails to
4 indicate the administration of oxygen and the estimated blood loss.

5 C. Respondent's anesthesia record for March 4, 1997, fails to indicate
6 the amount of inhalation anesthetic, the estimated blood loss, and the amount of
7 intravenous fluids administered.

8 D. Respondent's anesthesia record for September 16, 1997, fails to
9 indicate the amount of inhalation anesthetic, the discontinuation of nitrous oxide, and the
10 estimated blood loss.

11 **THIRTEENTH CAUSE OF ACTION**

12 (False Statements - Patient M.T.)

13 21. Respondent is subject to disciplinary action for failing to maintain
14 adequate and accurate records for his care and treatment of patient M.T., in violation of Code
15 section 2261, in that:

16 A. Paragraph 17 and all of its subparagraphs are realleged and
17 incorporated herein by reference.

18 B. Respondent's anesthesia record for February 15, 1997, records the
19 surgical procedure performed as a nasoseptoplasty, when an augmentation rhinoplasty
20 was the procedure performed.

21 **FOURTEENTH CAUSE OF ACTION**

22 (Failure to Maintain Adequate and Accurate Records - Patient M.T.)

23 22. Respondent is subject to disciplinary action for failing to maintain
24 adequate and accurate records for his care and treatment of patient M.T., in violation of Code
25 section 2266, in that:

26 A. Paragraph 17 and all of its subparagraphs are realleged and
27 incorporated herein by reference.

28 B. Respondent failed to perform and document an adequate pre-

1 anesthesia evaluation.

2 C. Respondent failed to identify the surgical procedures to be done on
3 his pre-anesthesia records.

4 D. Respondent's anesthesia record for February 15, 1997, fails to
5 indicate the administration of oxygen and the estimated blood loss.

6 E. Respondent's anesthesia record for February 15, 1997, records the
7 surgical procedure performed as a nasoseptoplasty, when an augmentation rhinoplasty
8 was the procedure performed.

9 F. Respondent's anesthesia record for March 4, 1997, fails to indicate
10 the amount of inhalation anesthetic, the estimated blood loss, and the amount of
11 intravenous fluids administered.

12 G. Respondent's anesthesia record for September 16, 1997, fails to
13 indicate the amount of inhalation anesthetic, the discontinuation of nitrous oxide, and the
14 estimated blood loss.

15 **FIFTEENTH CAUSE OF ACTION**

16 (Incompetence)

17 23. Respondent is subject to disciplinary action for incompetence in that he
18 failed to show his knowledge and ability in the field of anesthesiology, in violation of Code
19 section 2234(d), as set forth below:

20 A. Paragraphs 6, 8, 12, 14, 15, 17, 19, and 20, are hereby realleged
21 and incorporated by this reference as if fully set forth at this point.

22 B. On December 20, 2001, the Division of Medical Quality issued an
23 order requiring respondent take a competency exam given by Richard Fields, M.D.,
24 Kevin Becker, M.D., and Raymond Oakes, M.D., all Board certified anesthesiologist.

25 C. On December 20, 2001, Richard Fields, M.D., Kevin Becker,
26 M.D., and, Raymond Oakes, M.D., administered the examination to respondent.
27 Each physician completed a score sheet on which respondent's answers were graded.
28 [Dr. Oakes score sheet also sets forth the questions asked]. Each wrote a comment about

1 each answer. All three gave respondent a failing grade of 32, 32, and 41 out of 100,
2 respectively. A passing grade was 70 or above. All found respondent incompetent and a
3 danger to the health, warfare and safety of the public. The examination was tape
4 recorded.

5 D. Dr. Fields gave respondent a failing score of 32 out of 100.
6 Respondent's answer to a question about pre-anesthesia evaluation showed a complete
7 lack of knowledge of the basic science and had critical life-threatening implications.
8 Respondent failed to recognize a classic presentation of malignant hyperthermia - a
9 condition which if not promptly recognized and treated may result in death. Respondent
10 had a very poor grasp of the management of difficult airways. Such poor grasp has the
11 potential to result in adverse consequences including death. Respondent did not know the
12 proper dosage of flumazenil, a drug that respondent has used in the past. Respondent's
13 answer to the question of proper dosage was 10-20 times higher than the correct amount.
14 Such a massive dosage would likely result in seizures. Respondent had no knowledge of
15 the handling of a latex allergy, an allergy that can produce anaphylactic shock that can
16 rapidly result in death. Respondent totally failed to recognize the unintentional injection
17 of a local anesthetic commonly used in outpatient cataract surgery. Respondent said he
18 would leave the unintentionally injected patient, who is paralyzed and unable to breathe
19 on his own, in the hands of paramedics if the surgeon wanted him (respondent) to provide
20 anesthesia in another elective procedure.

21 Dr. Fields found respondent's answers demonstrate knowledge and ability
22 well below any reasonable community standard. Dr. Fields found respondent's answers
23 reveal that if respondent were to encounter one of these unusual, but not rare,
24 complications, the probability is that an otherwise salvageable patient would needlessly
25 die or be severely injured.

26 E. Dr. Becker gave respondent a failing score of 32 out of 100.
27 Respondent demonstrated a fundamental lack of knowledge about the administration of
28 anesthesia and complications that can result from it. Dr. Becker noted that such

1 complication, if not recognized and treated appropriately can lead to harm to the patient,
2 including death. Respondent failed to recognize the potentially life-threatening
3 anesthesia allergy of malignant hyperthermia. When told he was dealing with malignant
4 hyperthermia, respondent did not understand that cardiac arrhythmias may occur and did
5 not understand how to treat them. Left untreated, this condition can result in death.
6 Respondent did not know the correct dosages of medications used to treat overdoses of
7 anesthetics or their complications. Dr. Becker noted that incorrect use of medications can
8 turn a non-lethal situation into a lethal situation. Respondent had no knowledge of the
9 history, symptoms, treatment and precautions for patients with a latex allergy or even
10 which pieces of anesthesia equipment contain latex. Dr. Becker noted latex is ubiquitous
11 in medical supplies. Patients with a latex allergy can develop fatal anaphylactic reactions.
12 Respondent had no knowledge of the potential life-threatening complication of a
13 retrobulbar block - a procedure commonly used in outpatient cataract surgery.
14 Respondent lacked knowledge about lidocaine overdoses. Respondent failed to recognize
15 the symptoms, the potential lethal effects and the treatment of such overdoses.

16 Respondent failed to answer correctly when presented with only a few of
17 the numerous dangerous and life-threatening events which may occur during anesthesia.

18 F. Dr. Oakes gave respondent a failing score of 41 out of 100.
19 Respondent's answers showed him (respondent) to be incompetent. Respondent lacked
20 knowledge about preoperative anesthetic evaluation. Respondent lacked knowledge
21 about airway evaluation and cardiovascular and pulmonary disease patient evaluation.
22 Respondent lacked knowledge about the identification of relevant risk factors. Dr. Oakes
23 noted the foregoing lack of knowledge demonstrates that respondent is unable to correctly
24 identify patients at high risk for experiencing adverse and potentially life-threatening
25 complication related to surgery and anesthesia. Respondent lacked knowledge about the
26 development of an appropriate management plan based on the patient's condition and
27 proposed surgery. Respondent lacked knowledge about the identification and
28 management of patients with suspected or diagnosed malignant hyperthermia - a life-

1 threatening complication of general anesthesia that is fatal if not recognized and treated
2 promptly. Respondent did not know how to recognize the signs and symptoms associated
3 with the development of malignant hyperthermia and the fundamental principles of
4 medical management of it including the dosing schedule of dantrolene. Respondent
5 lacked knowledge of the indications, dosages and interactions of commonly used
6 anesthetic medications such as naloxone and flumazenil. Dr. Oakes noted this lack of
7 knowledge placed patients at an increased risk for an adverse reaction, up to and
8 including death. Respondent lacked knowledge of the management of patients
9 experiencing complications from regional anesthesia and local toxicity and could not
10 identify the signs and symptoms of these complications nor describe their management
11 even though these medications are used virtually everyday. This too placed the patients at
12 great risk. Respondent lacked knowledge concerning the management of patients with a
13 latex allergy. More specifically, respondent knew nothing about the preoperative
14 assessment, risk factors and management of such patients. In fact, respondent did not
15 even know the common sources of latex in the operating room.

16 PRAYER

17 WHEREFORE, complainant requests that a hearing be held on the matters alleged
18 herein, and that following said hearing, the Board issue a decision:

19 1. Revoking, suspending, or otherwise imposing discipline upon Physician's
20 and Surgeon's Certificate No. A 32041 issued to respondent Raymond Grier, M.D.;

21 2. Revoking, suspending, or otherwise imposing discipline upon Physician's
22 Assistant Supervisor Approval No. SA 24550, heretofore issued to respondent Raymond Grier,
23 M.D.;

24 3. Directing respondent Raymond Grier, M.D., to pay to the Board a
25 reasonable sum for its investigative and enforcement costs of this action, and directing
26 respondent, if placed on probation, to pay the costs of probation monitoring;

27 4. Pursuant to the provisions of Code section 2262, imposing a civil penalty
28 of \$500 for each violation of Code section 2262 found to be true by the Board; and,

5. Taking such other and further action as the Board deems proper.

DATED: March 4, 2002

[Signature] SPA6 for
Ron Joseph
Executive Director

Executive Director
Medical Board of California

Complainant

I:\all\julie\GRIER 3d Amend Acc.wpd